



400 R STREET, SACRAMENTO, CALIFORNIA 95814-6200



DRAFT MINUTES

Task Force on Culturally and Linguistically Competent Physicians and Dentists

Public Hearing

400 R Street, Suite 3020

Sacramento, CA 95814

January 8, 2002

9:00 a.m. - 12:00 p.m.

Task Force Members Present:

Kathleen Hamilton, Director, Department of Consumer Affairs, Co-Chair

David Carlisle, M.D., Ph.D., Director, Office of Statewide Health Planning and Development

Ron Joseph, Executive Director, Medical Board of California

Aliza Lifshitz, M.D., California Hispanic-American Association

Albert Gaw, M.D., Medical Director, Mental Health Rehabilitation Facility

Earl Lui, Senior Attorney, Consumers Union

Arnoldo Torres, Executive Director, California Hispanic Health Care Association

Doreena Wong, Staff Attorney, National Law Health Program

Eva Vasquez-Camacho, United Farm Workers (UFW)

Staff Members Present:

Kristy Wiese, Assistant Deputy Director, Department of Consumer Affairs

Jean Iacino, Special Assistant to the Director, Department of Health Services

Call to Order:

Kathleen Hamilton, Chair, called the meeting to order at 9:10 p.m. Noticing the absence of a quorum, the Task Force convened as a Subcommittee. All Task Force members present introduced themselves. Professional interpreters were available to assist with translation services.

Informational Presentations by Invited Speakers Regarding Access to Culturally and Linguistically Competent Care in the Local Community:

Director Hamilton stated that the establishment of the three working groups was to provide the Task Force with feedback about the specific directives contained in the enabling legislation related to continuing education, cultural competency standards, and the need for voluntary cultural competency certification for physicians and dentists. This feedback will inform the Task Force's recommendations to the Legislature.

Director Hamilton introduced David Campa, M.D., MPH, from the Golden Valley Health Center (GVHC), who shared his perspective in working at a community health center. Dr. Campa advised that Golden Valley Health Centers are partnering with Mercy Medical Center

and the Merced Family Practice Residency Program to care for multi-cultural patients and their communities. He stated the program incorporates cultural training clinics for residents at GVHC, cross cultural curriculum, diversity training, language classes, cultural mediators and support groups.

Dr. Campa stated the goal of The California Endowment, who has provided funding, was to link a community health center organization in the Central Valley with a family practice residency program to create a sustainable cultural competency program.

Dr. Campa provided the following recommendations to the Task Force:

1. Cultural and linguistic competency is best achieved by clinicians who have first hand experience with the culture and language of their patients.
2. Cultural and linguistic competency can be achieved by training providers.

Mr. Torres asked Dr. Campa how many patients the residents see throughout the course of the residency program. Dr. Campa advised that the rotation is 4-6 weeks and residents serve 3-4 patients per an afternoon shift.

Mr. Torres criticized the training program as not meeting the needs of the community, stating he felt the program did not create phenomenal access for patients.

Dr. Campa advised that the program was not designed to create access, but to teach physicians concepts, so that they may have a greater understanding of the diverse population. Participation in the program allows physicians to provide better services taking care of patients throughout their careers.

Director Hamilton asked if Dr. Campa has encountered resistance from staff and he advised very little.

Ms. Wong related she was impressed with the progress of Golden Valley in expanding the cultural and linguistic knowledge of providers. She commented that it was important to teach the trainers on this concept in developing models that other clinics may use.

Director Hamilton asked Dr. Campa if he had any specific information on immigration service barriers or the Fifth Pathway Program.

Dr. Campa responded he was not familiar with the Fifth Pathway Program. He advised that in terms of the immigration barriers, the first obstacle was getting access to a residency program.

Dr. Liftshitz advised that she graduated from a medical school in Mexico City and had to meet the residency requirements before she was able to practice. She related there were other places in the U.S. where the guidelines were not as stringent as in California. She advised

even with California's guidelines, it is possible for foreign trained physicians to become licensed in California.

Mr. Torres emphasized that the proposal to consider bringing physicians and dentists from Mexico to practice in the U.S. was to assess standards for establishing the cultural competency of providers.

Director Hamilton thanked Dr. Campa for his inspiring and informative presentation and for providing a great service that can be replicated at other clinics.

Mr. Torres interjected that he did not want the Task Force to make health centers the focal point of cultural and linguistic competency.

Ms. Wong stated that she concurred that the Task Force should have a broader perspective and looking at community health centers is the beginning point to address this complex issue. Community health centers have the necessary experience and we can use those models.

Mr. Torres stated that providers should not relieve themselves of their responsibilities by utilizing alternative resources such as the AT&T language line for translation services.

Public Comment:

Elia Gallardo, California Primary Care Association (CPCA), spoke about California's health care professional shortages and the lack of physicians to serve the low-income population. Ms. Gallardo advised that the complexity of addressing California's need for cultural and linguistic health care require a multitude of approaches that should include:

1. Immediate response to linguistic needs of California's limited English speaking patients to ensure meaningful access.
2. Programs that create incentives for dentists and physicians to work in areas of shortages and that recognize the limitations of homegrown pipelines to increase the number of culturally and linguistically competent physicians and dentists.
3. California should implement innovative programs that reimburse for translation services under the Medi-Cal and Medicare programs.

She advised that her organization supports a number of initiatives including seeking dentists with language skills and diverse backgrounds, reinstatement of the Fifth Pathway Program for international medical graduates, expansion of the California shortage medical matching program that identify minority medical practitioners and support homegrown pipelines.

Ms. Gallardo stated that California should reexamine the harm caused by the passage of Proposition 209. This initiative has discouraged many students of color as reflected in the number of students enrolled at the university level.

Director Hamilton stated that, although budget constraints may prevent some recommendations from being pursued in the short term, it is important that the Task Force include all options in its report.

Director Hamilton encouraged members to provide their recommendations regardless of cost implications, because the Task Force's report would include a broad range of recommendations and proposals generated from the public hearings and working group meetings.

Mr. Torres asked Ms. Gallardo her opinion on what programs should be developed for language and ethnic communities to develop providers from those communities to serve this population.

Ms. Gallardo responded by creating a balance among new providers and existing providers to address the issues. She advised that a new batch of providers would not alleviate the problem.

Mr. Torres expressed doubt that the Fifth Pathway Program would address the long-term solution for the physicians and dentists shortage.

Dr. Gaw called attention to his support of the recent UC study that addressed the retention rate of doctors trained in the State of California.

Dr. Liftshitz asked Ms. Gallardo if there were any statistics about physicians born in underserved communities that returned to their communities to practice. Ms. Gallardo replied she did not have any information to speak to the issue raised.

Director Hamilton stated it was important to mentor to high school and university students to facilitate potential growth for the medical profession. She asked Ms. Gallardo for suggestions on how to attract residents to the serve communities where there is a dire need.

Ms. Gallardo referred the question to Dr. Carlisle. Dr. Carlisle responded there are currently programs that strive to take students who have an interest in serving underserved communities and motivate them to retain their interest in health care professions in the designated communities of need.

David Quackenbush, California Hispanic Healthcare Association, spoke regarding the report "Holding onto Our Own" that studied medical providers who returned to the shortage areas to practice. Mr. Quackenbush stated he believed there was evidence that people from the community returned to their communities to practice in the shortage areas.

Director Hamilton stated that copies of the report would be provided to the Task Force members.

Adjournment:

The Meeting was adjourned at 11:45 p.m.